

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/937480** FILING DATE **26 SEP 2001**

APPLICANT(S) *Matsunaga*

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			* IND. DEP.		* IND. DEP.		* IND. DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/				51		/				
2				/			52		/				
3				/			53		/				
4				/			54		/				
5				/			55		/				
6				/			56		/				
7				/			57		/				
8				/			58		/				
9				/			59		/				
10				/			60	/					
11				/			61		/				
12				/			62		/				
13				/			63		/				
14				/			64		/				
15				/			65		/				
16			/				66						
17				/			67						
18				/			68						
19				/			69						
20				/			70						
21				/			71						
22				/			72						
23				/			73						
24				/			74						
25				/			75						
26				/			76						
27				/			77						
28				/			78						
29				/			79						
30				/			80						
31				/			81						
32			/				82						
33				/			83						
34				/			84						
35				/			85						
36				/			86						
37				/			87						
38				/			88						
39				/			89						
40				/			90						
41				/			91						
42				/			92						
43				/			93						
44				/			94						
45				/			95						
46			/				96						
47				/			97						
48				/			98						
49				/			99						
50				/			100						
TOTAL IND.			4				TOTAL IND.	1					
TOTAL DEP.			46				TOTAL DEP.	14					
TOTAL CLAIMS			50				TOTAL CLAIMS	15					